

NUTRITION

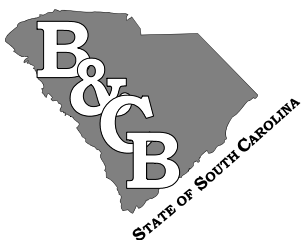
Fish Cuts Risk of Heart Attack And Sudden Death

People who eat several servings of fish each week may lower their risk of heart disease and death, two national studies report. In one study, men without heart disease were 81 percent less likely to experience sudden death when their blood levels of omega-3 fatty acids were high regardless of their age, smoking habits, or the amount of other types of fatty acids in their blood.

Omega-3 fatty acids, which are found in fatty fish such as salmon and mackerel, may lower the risk of developing an irregular heart rhythm and reduce blood cholesterol and clotting--all risk factors for heart disease. The findings point to a way for individuals to lower their risk of sudden death from heart attack, according to Dr. Christine M. Albert and colleagues from Brigham and Women's Hospital and Massachusetts General Hospital, both based in Boston. "The results suggest that increasing intake of omega-3 fatty acids by either supplements or by diet may substantially reduce the risk of sudden death, even among those without a history of heart disease." The findings support a growing body of research indicating that omega-3 fatty acids may reduce the risk of heart disease and death.

In fact, another new study, published in the April 10th issue of The Journal of the American Medical Association, reports that women who consumed at least five servings of fish a week lowered their risk of coronary heart disease (CHD) by more than one third and cut their risk of fatal heart attack by half over a 16-year period. CHD is a decreased flow of blood to the heart muscle, usually caused by a build-up of fatty material within the arteries of the heart. It is the most common form of heart disease, and kills more than 500,000 Americans each year. Even women in the study who ate fewer weekly servings of fish benefited. It is recommended that people eat more fish as part of a healthy diet."

SOURCES: The New England Journal of Medicine 2002; 346:1113-1118; The Journal of the American Medical Association 2002; 287:1815-1821.



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